

(First)



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STATE OF HAWAII STATE ETHICS COMMISSION

TELEPHONE

LOBBYIST REGISTRATION FORM (Type or Print Clearly)

(Middle)

Hoover	Jacqui	L. (808) 885-9588		
MAILING ADDRESS (Street)	0	FAX		
		10 000 000		
P.O. Box 215	(808) 885-9590			
(City)	(State)	(Zip Code)		
Kamuela, H	0.745			
namuela, H	tawaii 96743	h has been retained to lobby) TELEPHONE		
EMPLOYING ORGANIZATION (Fill	in only if you are employed by a business entity which	h has been retained to lobby)		
MAILING ADDRESS (Street)		FAX		
William NBB NEGO (Guost)				
(City)	(State)	State) (Zip Code)		
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU	TELEPHONE			
		(0.0) 00.00		
Hawaii Leoward Planning Conference MAILING ADDRESS (Street)		terence (808)885-9588		
MAILING ADDRESS (Street)	J	ference (808) 885-9588 FAX		
0 - 0 000	7	(208) 885-9590		
P.O. Box 2159 (City) (State) (Zip				
(City)	(State)	(Zip Code)		
Kamuela H	awau 96743			
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDI	TURES STATEMENT TELEPHONE		
Same				
MAILING ADDRESS (Street)		FAX		
	(0: : :)	(Zip Code)		
(City)	(State)	(ZID LODE)		
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PART I

NAME(Last)

LOBBYIST

PART III DESCRIPTION O	F SUBJECTS UPON WHICH	LYOU EVERAT TO LODBY		
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✓ Agriculture	Education	Human Services	Science, Technology & Economic Developmen	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
Consumer Protection & Commerce	✓ Hawaiian Affairs	✓ Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	✓ Housing	Public Safety & Corrections		
<u> </u>				
PART IV CERTIFICATION	OF LOBBYIST			
		, to the best of my knowledge, c	correct and complete	
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Jacqui 2. Ho	ore		2007	
<i>3</i>	Signature of Lobbyist)	(D	ate)	
DADTY AUTHODITATION				
PART V AUTHORIZATION NAME	10 LOBBA	TITLE OF ALTUODITING OFFICER		
NAIVIE		TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED	
Jacqui L. Hoor	er	President		
NAME OF ORGANIZATION (if applicable)			EPHONE	
Hawaii Leeward Planning Conference		Serrace 80	8 885-9588	
MAILING ADDRESS (Street)		FAX		
P.O. Box 2150	î			
(City)	(City) (State) (Zip Code)			
Kamuela, t	Lawaii 96	743		
I hereby authorize the abo	ove - named person to engag	ie in lobbying activities on behali	f of the undersigned.	

(Signature of Authorizing Officer or Person Represented)